

Sidebar D (Box 13): Results of Non-Invasive Testing

High-Risk

- Severe resting LV dysfunction (LVEF <0.35)
- High-risk Duke treadmill score (score ≤ -11)
- Severe exercise LV dysfunction (exercise LVEF <0.35)
- Stress-induced large perfusion defect (particularly if anterior)
- Stress-induced moderate-size multiple perfusion defects
- Large fixed perfusion defect with LV dilation or increased lung uptake (thallium-201)
- Stress-induced moderate-size perfusion defect with LV dilation or increased lung uptake (thallium-201)
- Echocardiographic wall motion abnormality (involving >2 segments) developing at low dose of dobutamine (≤10 mg/kg/min) or at a low heart rate (<120 bpm)
- Stress echocardiographic evidence of extensive ischemia

Intermediate-Risk

- Mild/moderate resting left ventricular dysfunction (LVEF = 0.35 to 0.49)
- Intermediate-risk Duke treadmill score (greater than -11 and less than 5)
- Stress-induced moderate perfusion defect without LV dilation or increased lung uptake (thallium-201)
- Limited stress echocardiographic ischemia with wall motion abnormality only at higher doses of dobutamine involving ≤ two segments

Sidebar E (Box 15):
Definite or High Probability of CAD

- Typical angina in a male age >50 or female age >60
- Prior myocardial infarction or pathologic Q-waves
- Coronary arteriogram with >50% stenosis in >1 vessel(s)
- Prior coronary revascularization (PCI or CABG)
- Left ventricular segmental wall motion abnormality
- Diagnostic evidence of ischemia or infarction on cardiac stress testing

Sidebar F (Box 19):
Intermediate Probability of CAD

- Typical angina in female (age <60) male (age <50)
- Atypical/probable angina in male of any age
- Atypical/probable angina in female age >60
- Noncardiac chest pain in male (age >40) female (age >60)
- Indeterminate finding on cardiac stress testing

For Management of AMI, Unstable Angina/
NSTEMI, Stable Angina & Follow-Up of Patient with IHD
See Respective Pocket Guides

Sidebar A: Symptoms/Signs
Suggesting Ischemia

- Chest pain or severe epigastric pain, nontraumatic in origin, characterized by:
 - Central/substernal compression or crushing chest pain/discomfort
 - Pressure, tightness, heaviness, cramping, burning, aching sensation
 - Unexplained indigestion, belching, epigastric pain
 - Radiating pain in neck, jaw, shoulders, back, or arm(s)
- Associated dyspnea
- Associated nausea and/or vomiting
- Associated diaphoresis

Sidebar B (Box 3): Emergency Status

Patient's vital signs (one or more of the following):

- Pulse ≥110 or ≤55 beats per minute
- Systolic blood pressure ≥200 or ≤90 mm Hg
- Diastolic blood pressure ≥110 mm Hg
- Respiratory rate >24 or <10 inspirations per minute
- Oxygen saturation <90 percent
- Irregular pulse

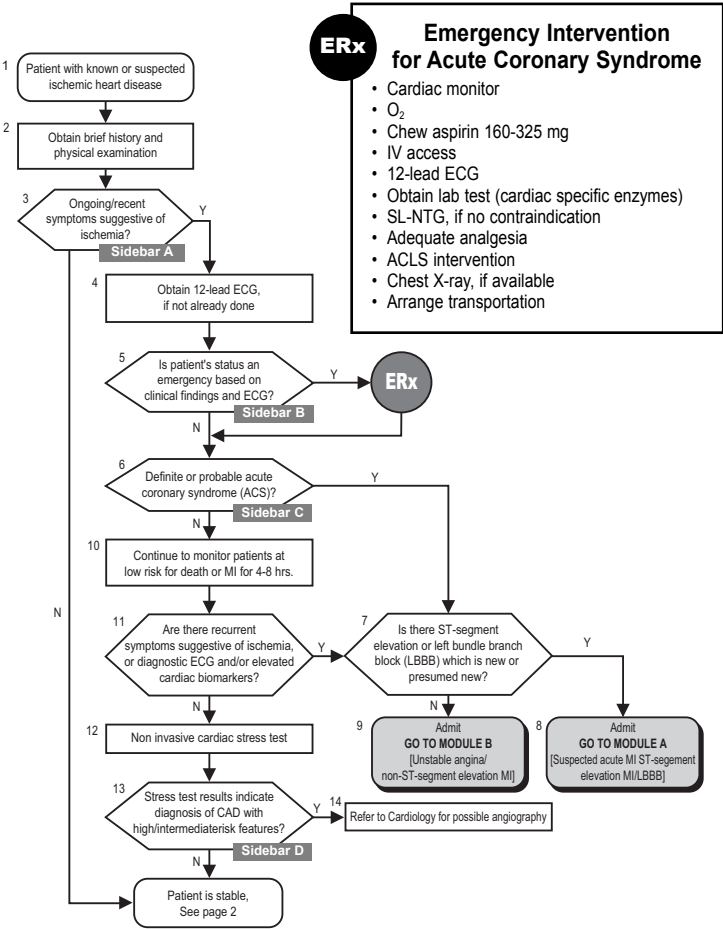
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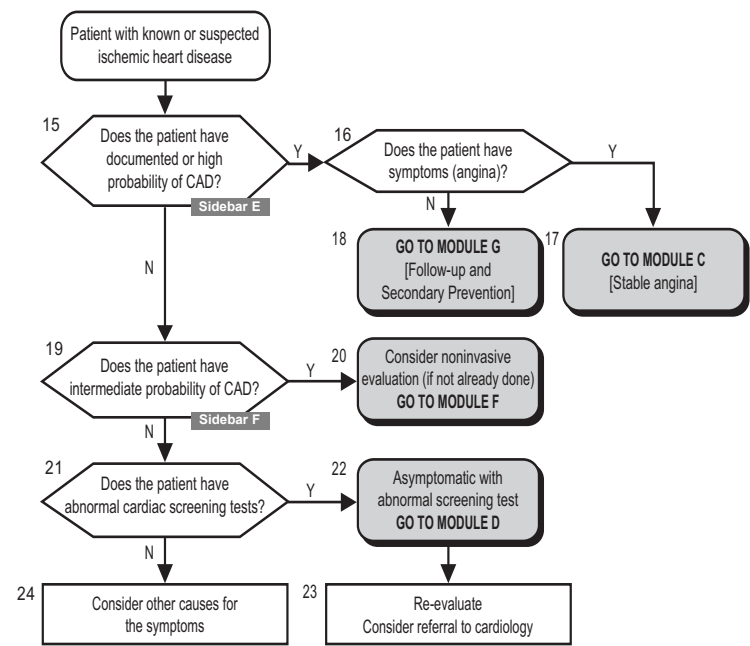
Patient's Appearance (including one or more of the following):

- Is unconscious or lethargic and/or confused
- Has severe respiratory distress or respirations appear labored
- Appears cyanotic, pale, or gray
- Appears diaphoretic
- Is in extreme pain or exhibits visible distress

VA/DoD Clinical Practice Guideline
Management of Ischemic Heart Disease (IHD) –
Core Module Pocket Guide

INITIAL EVALUATION





Pretest Likelihood of CAD in Symptomatic Patients According to Age and Sex ^(a)						
	Non-anginal Chest Pain		Atypical (Probable) Angina		Typical (Definite) Angina	
Age (Years) ^(b)	Men	Women	Men	Women	Men	Women
30-39	4	2	34	12	76	26
40-49	13	3	51	22	87	55
50-59	20	7	65	31	93	73
60-69	27	14	72	51	94	86

^(a) Each value represents the percent with significant CAD on catheterization. (Italic =Low Bold= High)

^(b) No data exist for patients less than 30 years or greater than 69 years, but it can be assumed that prevalence of CAD increases with age. In a few cases, patients with ages at the extremes of the decades listed may have probabilities slightly outside the high or low range.

Sidebar C (Box 6): DIAGNOSIS OF ACS

A diagnosis of ACS is made if at least one major criterion or at least one minor criterion from both columns I and II is present

Major Criteria	Minor Criteria	
A diagnosis of an ACS can be made if one or more of the following major criteria is present	In the absence of a major criterion, a diagnosis of ACS requires the presence of at least one item from both columns	
	I	II
<ul style="list-style-type: none">ST-elevation^(a) or LBBB in the setting of recent (<24 hours) or ongoing anginaNew, or presumably new, ST-segment depression (≥0.05 mV) or T-wave inversion (≥0. 2 mV) with rest symptomsElevated serum markers of myocardial damage (i.e., troponin I, troponin T, and CK-MB)	<ul style="list-style-type: none">Prolonged (i.e., >20 minutes) chest, arm/shoulder, neck or epigastric discomfortNew onset chest, arm/shoulder, neck or epigastric discomfort at rest, minimal exertion or ordinary activity (CCS class III or IV)Previously documented chest, arm/shoulder, neck or epigastric discomfort which has become distinctly more frequent, longer in duration, or lower in precipitating threshold (i.e., increased by ≥1 CCS class to at least CCS III severity)	<ul style="list-style-type: none">Typical or atypical angina^(b)Male age > 40 or female age >60^(c)Known CADHeart failure, hypotension, or transient mitral regurgitation by examinationDiabetesDocumented extra-cardiac vascular diseasePathologic Q-waves on ECGAbnormal ST-segment or T-wave abnormalities not known to be new

(a) ST elevation ≥0.2 mV at the J-point in two or more contiguous chest leads (V₁ to V₆) or ≥ 0.1 mV in all other leads. Contiguity in the limb leads (frontal plane) is defined by the lead sequence: I, aVL (lateral), and II, III, aVF (inferior).

(b) Use the following definitions to determine the likelihood that the presenting symptoms are angina

(c) These age and gender characteristics define a probability of CAD ≥10% in symptomatic patients

Definitions of Angina Symptoms	
Typical angina (definite)	IF all three of the primary symptom characteristics are present
Atypical angina (probable)	IF any two of the primary three symptom characteristics are present
Probably non-cardiac chest pain	IF provocation by exertion or emotional distress or relief by rest or nitroglycerin are present and one or more symptom characteristics suggesting non-cardiac pain are present
Definitely non-cardiac chest pain	IF none of the primary symptom characteristics are present and one or more symptom characteristics suggesting non-cardiac pain are present

The three primary symptom characteristics:

- Substernal chest or arm discomfort with a *characteristic* quality and duration
- Provoked by exertion or emotional stress
- Relieved by rest or nitroglycerin

Symptom *characteristics* that suggest non-cardiac pain: (but do not exclude diagnosis of CAD)

- Pleuritic pain (i.e., sharp or knife-like pain brought on by respiratory movements or cough)
- Primary or sole location of discomfort in the middle or lower abdominal regions
- Pain that may be localized at the tip of one finger, particularly over costochondral junctions or the left ventricular (LV) apex
- Pain reproduced with movement or palpation of the chest wall or arms
- Constant pain that lasts for many hours
- Very brief episodes of pain that last a few seconds or less
- Pain that radiates into the lower extremities

(Modified from the ACC/AHA Stable Angina Guideline [1999], Table 5 and ACC/AHA UA - NSTEMI guideline [2002], pages 11-12).